

TEACHER:_____

COOLIDGE SCHOOL REGULAR WALKER SLIP

Student's Name_____ Grade_____ Today's Date_____

This student will walk on a regular basis on the following day(s)

Mondays Tuesdays Wednesdays Thursdays Fridays

I understand that if my child's dismissal plan changes in **any way** from the above information, I will send in a signed note explaining the change.

Signature:_____